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CONFIRMATION NO. 3489

SERIAL NUMBER 10/612,483	FILING DATE 07/01/2003  RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 12500.2002U
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *P.D. (Yes)*  
 This appln claims benefit of 60/475,803 06/03/2003  
 and claims benefit of 60/393,293 07/01/2002  
 and is a CIP of 09/995,897 11/28/2001 PAT 6,875,176  
 which claims benefit of 60/253,959 11/28/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *P.D. (None)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
*[Signature]*  
 Examiner's Signature Initials

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TITLE  
 Systems and methods for making noninvasive assessments of cardiac tissue and parameters

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> 440	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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